

POS.	ID NO.	DATE
CLASSIFIER	5	1/27/94
EXAMINER	416	2/7/94
TYPIST	53	5/23
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.	858	5/19
DRAFTING		

## INDEX OF CLAIMS

Claim	Original	3	13	12	4	1	12
	Final	13	11	17	12	23	15
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SYMBOLS

✓	Rejected
■	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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